

File Original and First Copy with
Department of Ecology
Second Copy — Owner's Copy
Third Copy — Driller's Copy

ENTERED

WATER WELL REPORT

STATE OF WASHINGTON

Start Card No. W. 39969

UNIQUE WELL I.D. # 33/1/27M

Water Right Permit No. 33/1/27M

(1) OWNER: Name George Lambert Address 2300 Oldenburg Ln. Oak Harbor WA.

(2) LOCATION OF WELL: County ISLAND NW 1/4 SW 1/4 Sec 27 T. 33 N. R. 15 W.M.

(2a) STREET ADDRESS OF WELL (or nearest address) 1150 W. HELLER RD, OAK HARBOR WA. 98277

(3) PROPOSED USE: ☒ Domestic ☐ Industrial ☐ Municipal ☐
☐ Irrigation ☐ Test Well ☐ Other ☐
☐ DeWater

(4) TYPE OF WORK: Owner's number of well (If more than one) 2
Abandoned ☐ New well ☒ Method: Dug ☐ Bored ☐
Deepened ☐ Cable ☒ Driven ☐
Reconditioned ☐ Rotary ☐ Jetted ☐

(5) DIMENSIONS: Diameter of well 6 inches.
Drilled 240 feet. Depth of completed well 240 ft.

(6) CONSTRUCTION DETAILS:

Casing installed: 6 Diam. from 0 ft. to 235 ft.
Welded ☐ Diam. from _____ ft. to _____ ft.
Liner installed ☐ Diam. from _____ ft. to _____ ft.
Threaded ☐ Diam. from _____ ft. to _____ ft.

Perforations: Yes ☐ No ☒

Type of perforator used _____
SIZE of perforations _____ in. by _____ in.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.

Screens: Yes ☒ No ☐

Manufacturer's Name COOK
Type STAINLESS Model No. _____
Diam. 6 Slot size 25 from 235 ft. to 240 ft.
Diam. _____ Slot size _____ from _____ ft. to _____ ft.

Gravel packed: Yes ☐ No ☒ Size of gravel _____
Gravel placed from _____ ft. to _____ ft.

Surface seal: Yes ☒ No ☐ To what depth? 20 ft.
Material used in seal BENTONITE
Did any strata contain unusable water? Yes ☐ No ☒
Type of water? _____ Depth of strata _____
Method of sealing strata off _____

(7) PUMP: Manufacturer's Name _____ H.P. _____
Type: _____

(8) WATER LEVELS: Land-surface elevation above mean sea level 200 - ft.
Static level 186 ft. below top of well Date 6-94
Artesian pressure _____ lbs. per square inch Date _____
Artesian water is controlled by _____ (Cap. valve, etc.)

(9) WELL TESTS: Drawdown is amount water level is lowered below static level
Was a pump test made? Yes ☒ No ☐ If yes, by whom? Bob Pumps
Yield: _____ gal./min. with _____ ft. drawdown after _____ hrs.

" " " "

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)

Time Water Level Time Water Level Time Water Level

Time Water Level Time Water Level Time Water Level

Time Water Level Time Water Level Time Water Level

Time Water Level Time Water Level Time Water Level

Time Water Level Time Water Level Time Water Level

Time Water Level Time Water Level Time Water Level

Time Water Level Time Water Level Time Water Level

Time Water Level Time Water Level Time Water Level

Time Water Level Time Water Level Time Water Level

Time Water Level Time Water Level Time Water Level

Time Water Level Time Water Level Time Water Level

Time Water Level Time Water Level Time Water Level

Time Water Level Time Water Level Time Water Level

Time Water Level Time Water Level Time Water Level

Time Water Level Time Water Level Time Water Level

Time Water Level Time Water Level Time Water Level

(10) WELL LOG or ABANDONMENT PROCEDURE DESCRIPTION

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of information.

MATERIAL	FROM	TO
CLAY	0	20
HARD PAN	20	28
CLAY	28	84
SAND	84	138
SANDY CLAY	138	235
WATER GRAVEL mix	235	240
CLAY	240	

RECEIVED

JUN 20 1994

DEPT. OF ECOLOGY

Work Started June, 1994 Completed June 17, 1994

WELL CONSTRUCTOR CERTIFICATION:

I constructed and/or accept responsibility for construction of this well, and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief.

NAME WHIDBEY WELL DRILLERS (PERSON, FIRM, OR CORPORATION) (TYPE OR PRINT)

Address OAK HARBOR WA.

(Sign) Dennis Jahn License No. 129 (WELL DRILLER)

Contractor's Registration WHD000229M Date June, 1994

(USE ADDITIONAL SHEETS IF NECESSARY)



Well Tagging Form

W039969

Unique Well Tag No: _____

AGA 573

RECORD VERIFICATION (check ☒ one)

- ☐ Well Report available (please attach this form to the well report and submit it to the Ecology Regional Office near you)
- ☐ Verification inconclusive
- ☐ Well Report not available

SRC #3

WELL OWNERSHIP, IF DIFFERENT FROM WELL REPORT

First Name: SUSAN MOBILE PK

Last Name: _____

Street Address: _____

89750-6

City: _____

04730

State: _____

LOCATION OF WELL, IF DIFFERENT FROM WELL REPORT

Well Address: _____

Across from 2920 N. Heller

City: _____

County: _____

T. _____

N. _____

R. _____

W.M. Sec. _____

1/4 of the _____

FOR AGENCY USE ONLY

Latitude _____

Longitude _____

Elevation at land surface _____ feet/meters (circle one)

Additional information, if available:

☐ Location marked on topographic map (please attach)

☐ Location marked on air photo (please attach)

- ☐ GPS
- ☐ Topographic Map
- ☐ Survey
- ☐ Computer generated
- ☐ Digital Altimeter
- ☐ Topographic Map
- ☐ Other _____

FOR AGENCY USE ONLY

WELL CHARACTERISTICS

Physical Description of well (size of casing, type of well, housing, etc.)

6" CASING, EXPOSED HEAD (~1000') ALONG BACKWOODS TRAIL (SEE OWNER)

SW CORNER OF PARK, DIRECTLY INTO WOODS

Location of Well identification Tag:

CASING

Is supplemental tag needed for ease of identifying well?

☐

Yes

☒

No

If yes, where was tag placed?

Scale 1:24,000 (1"=2,000')

Indicate the location of the well within the Section by drawing a dot at that point.

SECTION _____

D	C	B	A
E	F	G	H
M	L	K	J
V	P	Q	R

Comments:

FOR ECOLOGY WATER RESOURCES PROGRAM ONLY

Permit Right # _____ Date Issued _____

Is One: Application Permit Certificate Claim Exempt